



**LAC  
DMH**

LOS ANGELES COUNTY  
DEPARTMENT OF  
MENTAL HEALTH 500 S. VERMONT AVE., LOS ANGELES, CA 90020 [HTTP://DMH.LACOUNTY.GOV](http://DMH.LACOUNTY.GOV)



ROBIN KAY, PH.D.  
Acting Director

DENNIS MURATA, M.S.W.  
Acting Chief Deputy Director

RODERICK SHANER, M.D.  
Medical Director

January 26, 2016

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL TO ACCEPT THE CONTINUITY OF OPERATIONS PLAN  
FUNDED BY THE STATE OF CALIFORNIA  
COMMUNITY DEVELOPMENT BLOCK GRANT  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Request approval to accept the Continuity of Operations Plan funded by the State of California Community Development Block Grant.

**IT IS RECOMMENDED THAT THE BOARD AFTER THE PUBLIC HEARING,**

Authorize the Acting Director of Mental Health (Acting Director), or her designee, to accept the State of California Community Development Block Grant (CDBG) funded Continuity of Operations (COOP) Plan developed for the Department of Mental Health (DMH) by Fairchild Consulting Services (Fairchild Consulting). The COOP Plan contains measures to ensure DMH's ability to resume or maintain delivery of mental health services during and after a disaster event.

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Board approval of the recommended action will allow DMH to accept the COOP Plan. Additionally, Board acceptance of the COOP Plan will serve as notification to the public of the accomplishments funded by the grant, which is necessary to meet the CDBG Program's grant requirements. The COOP Plan was created by Fairchild Consulting to ensure the continuation of essential Departmental services should a disaster or emergency occur that would otherwise halt operations.

### **Implementation of Strategic Plan Goals**

The recommended action is consistent with the County's Strategic Plan Goal 1, Operational Effectiveness/Fiscal Sustainability and Goal 2, Community Support and Responsiveness.

### **FISCAL IMPACT/FINANCING**

There is no fiscal or net County cost impact associated with the recommended action.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

The U.S. Department of Housing and Urban Development's CDBG Program administers federal funding aimed at providing communities with development resources for a variety of purposes, including recovery from Presidentially-declared disasters. For the State of California, such funding is made available through the State's Disaster Recovery Initiative (DRI) Program. In 2011, DMH received Board approval to apply for and accept grant funding in the amount of \$250,000. Your Board approved DMH's application for and acceptance of 2008 DRI grant funding in the amount of \$250,000 for the development of a COOP Plan. On May 21, 2013, your Board approved for DMH to enter into a Consultant Services Agreement with Fairchild Consulting for this purpose.

Over the past three years, DMH has worked closely with Fairchild Consulting to develop an appropriate COOP Plan. The COOP Plan details the business resumption and long-term recovery processes for the provision of mental health services at DMH directly-operated clinics, administrative offices, and co-located sites. The collaboration involved trainings and the establishment of COOP planning teams for each bureau and office within DMH, as well as the completion of a risk assessment for each of the 52 DMH directly-operated sites. Essential functions and units within DMH were also identified through a Business Impact Analysis of DMH's operations. In addition to creating a COOP Base Plan for DMH, 140 individual Annex Plans were also created, one for each bureau, office, and essential unit. These plans provide for the full continuity of DMH services for up to thirty days.

Since the COOP Plan is complete, the CDBG Program requires that your Board accept the COOP Plan and that DMH notify the public about the accomplishments funded by the grant. This product is presented, in summary form, in the COOP Base Plan (Attachment). The COOP Plan also includes Annex Plans that contain sensitive information that cannot be shared publicly for security reasons and therefore are not included in the Attachment. The CDBG Program requires DMH to submit to it a copy of the notice of public hearing and, as set forth in its Notice of Funding Availability, 2015 Appendix D, requires the hearing be noticed at least ten days prior to being conducted.

### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Acceptance of the COOP Plan will enable DMH to activate the processes necessary to maintain delivery of direct mental health services during and after a major disaster event. It will also allow DMH to meet grant closing requirements, as outlined by the State CDBG Program.

The Honorable Board of Supervisors

1/26/2016

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Respectfully submitted,

*Robin Kay, Ph.D.*

ROBIN KAY, Ph.D.

Acting Director of Mental Health

RK:MM:AB:RC:do

Enclosures

c: Executive Office, Board of Supervisors  
Chief Executive Office  
County Counsel  
Chairperson, Mental Health Commission

# Continuity of Operations Base Plan

## Los Angeles County – Department of Mental Health

December 31, 2014

### Security and Privacy Statement

This document is classified as "For Official Use Only". Portions of the Plan contain information that raise concerns for personal privacy and safety to DMH locations and/or DMH business components which, if misused, could impair the ability of DMH to carry out essential functions and those portions may be exempt from mandatory disclosure under the Freedom of Information Act (see 5 United States Code §552, 41 Code of Federal Regulations Part 105-60). The Los Angeles County Department of Mental Health (LAC DMH) Continuity of Operations (COOP) Plan, in its entirety, is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with California Government Code § 6254 and **IS NOT TO BE RELEASED TO THE PUBLIC** or other personnel who may not have a demonstrated "need to know" without prior approval of the Executive Management Team (EMT).

The COOP Plan Executive Summary may be distributed to other organizations as necessary to promote information sharing and facilitate a coordinated inter-organization continuity effort. DMH will distribute updated versions of the COOP Plan annually or as critical changes occur.

### Funding

Funding to develop the Los Angeles County Department of Mental Health (LAC DMH) Continuity of Operations (COOP) Plan, Business Impact Analysis and Risk and Vulnerability Assessment were obtained through the 2008 Disaster Recovery Initiative (DRI) California Wildfires administered by State Community Development Block Grant.

## ACKNOWLEDGMENTS

The development of the planning documents associated with the DMH Continuity of Operations (COOP) Plan involved all DMH Bureau/Offices either directly or in support of the planning process. This planning process spanned over an eighteen-month period and included more DMH personnel than is listed below. The individuals listed below are the key points of contact and subject matter experts who worked innumerable hours, in addition to their regular workload, to gather and vet the requested data and ensure the appropriate staff was involved. It is important to acknowledge their contribution and participation in a planning process that initially was demanding, cumbersome, and many times not understood. But in the final stages, they took ownership and pride to create a meaningful continuity plan. For all of the tireless hours, re-writes, and your expertise – Thank you!

Office of the Director	Chief Information Office Bureau	Office of the Administrative Deputy
Raquel Roller	Vahe Haratounian	Erik Walton
Kumar Menon	Dr. Bob Greenless	John Hernandez
Dr. Marvin Southard	Adult Systems of Care	Celina Johnson
Office of the Chief Deputy Director	Kimberly Ross	Margo Morales
Katrin Aslanian-Vartan	Cathy Warner	Office of the Public Guardian
Jacqueline Yu	Adult Justice	Ashley Michelson
Kathleen Kerrigan	Elvia Trujillo	Trina Yen
Dr. Robin Kay	Emily Chan	Cinthia Leyva
Office of the Medical Director	Beverly Williams	Connie Draxler
Kathy Tasugi	Dr. Stephen Shea	Transition Age Youth
Elisabeth Gildemontes	Children's Systems of Care	Antonette Gilbert
Russell Kim	Darlesh Horn	Joo Yoon
Gerald Ko	Ansara Lewis	Terry Boykins
Erika Romero	Dr. Bryan Mershon	Program Support
Helen Wang	Emergency Outreach Bureau	Dennis Murata
Pansy Washington	Connie Jones	Angel Baker
Mary Ann O'Donnell	Julie Valdez	Health Care Reform Operations
Dr. Roderick Shaner	Sanjay Shah	Lesley Blacher
Chief Information Office Bureau	Rakdy Khlok	Nancy Butram
Melvin Mabale	Edward Vidaurri	LAC – CEO – Office of Emergency
Jay Ortega	Dr. Irma Castaneda	Management
Jay Patel	Older Adult Systems of Care	Klaus Kreimann
Jeff Aguilar	Virginia Borrero	
Patrick Baba	Evelyn Smith	
Mark Cheng	Carlotta Childs-Seagle	
Charlie Diaz	Office of the Administrative Deputy	
J C Duvall	Margaret Ayala	
Yuen Yi Lam	Kathy Jones	
Karen Van Sant	Karen Fullner	
Khalid Babakhyi	Damien Parker	
Chuck Chui	Steven Lee	
Omar Vasquez	Mike Tsao	
Philip Yau		
Presley Becerra		
Sharon Carlson		

Additional support, guidance, and industry expertise was provided by Fairchild Consulting.

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# 1 INTRODUCTION

The Los Angeles County Department of Mental Health (DMH) is committed to the safety and protection of its employees, consumers, stakeholders, operations, and facilities. With the changing threat environment, recent natural hazard events, and the on-going risk to a major earthquake, DMH is committed to ensuring their ability to resume or continue the delivery of direct mental health services across a broad spectrum of emergency or disaster events. In support of this commitment, DMH has developed a Continuity of Operations (COOP) Plan.

The DMH COOP Plan includes one COOP Base Plan and multiple Annex documents for each of the twelve (12) essential Bureau/Offices. The Bureau/Office Annexes describe their DMH essential functions and processes that must be resumed or continued when an extended stoppage in services occurs. The following illustrates the planning sections included in each Bureau/Office COOP Annex:

## *Main Body*

Plan Overview (Scope, Objectives and Assumptions)	1
Loss of Building Model & Plan Specific Tasks	2
Loss of Technology Model & Plan Specific Tasks	6
Loss and/or Disruption of Critical Services Model & Plan Specific Tasks	10
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## *Plan Specific Appendix*

The Base Plan describes the DMH continuity approach at the departmental level. It also provides the operational structure by which the Bureau/Office Annexes were developed. Although the Bureau/Office documents can stand-alone; they were developed as an Annex to the Base Plan. The Base Plan provides the complete description of the operational options and standard direction for all units. The DMH COOP Base Plan focuses in on the most common characteristics of emergency situations, striving to lessen the impact of the event on staff, DMH consumers, and DMH operations while being able to continue or resume essential functions as seamlessly as possible.

## 1.3 AUTHORITIES AND REFERENCES

### Los Angeles County Authorities

Los Angeles County Board of Supervisors (Board) took the following actions as stated in Board minutes dated, February 25, 2003:

- Instruct all Department/District Heads to participate in the development of a Countywide Business Continuity Program that is tested and validated annually;
- Establish a County Business Continuity Steering Committee that will oversee the development, implementation, and maintenance of departmental plans;
- Develop the framework for documenting and maintaining the Business Continuity Program

County Business Continuity planning memorandum to All Department Heads from David E. Janssen, Chief Administrative Officer dated April 1, 2004 advising the Board has directed all departments to participate in the development of a County Business Continuity Planning (BCP) Program.

### State of California Authorities

Office of the Governor, Executive Order S-04-06, dated April 18, 2006

### Federal Authorities

"National Security Presidential Directive-51/Homeland Security Presidential Directive-20".

[http://www.fema.gov/pdf/about/org/ncp/nspd\\_51.pdf](http://www.fema.gov/pdf/about/org/ncp/nspd_51.pdf)

"National Continuity Policy Implementation Plan".

<http://www.fema.gov/pdf/about/org/ncp/ncpip.pdf>

"Federal Continuity Directive (FCD) 1". <http://www.fema.gov/pdf/about/org/ncp/fcd1.pdf>

"Federal Continuity Directive (FCD) 2" <http://www.fema.gov/pdf/about/org/ncp/fcd2.pdf>

"Continuity Guidance Circular (CGC) 1".

[http://www.fema.gov/pdf/about/org/ncp/cont\\_guidance1.pdf](http://www.fema.gov/pdf/about/org/ncp/cont_guidance1.pdf)

"Continuity Guidance Circular (CGC) 2

[http://www.fema.gov/pdf/about/org/ncp/coop/cont\\_guidance2.pdf](http://www.fema.gov/pdf/about/org/ncp/coop/cont_guidance2.pdf)

### California References

"Continuity COOP Plan and Template". "Preparing the State"

<http://www.calema.ca.gov/PlanningandPreparedness/Pages/Continuity-Planning.aspx>

### Federal References

Continuity Assistance Tool." <https://www.fema.gov/pdf/about/org/ncp/cat.pdf>

"Developing Emergency Relocation Group (ERG) Member Planning COOP Plans, A COOP Plan for ERG Positional Requirements Planning". [http://www.fema.gov/pdf/about/org/ncp/erg\\_COOP\\_Plan.pdf](http://www.fema.gov/pdf/about/org/ncp/erg_COOP_Plan.pdf)

FEMA TEMPLATES <http://www.fema.gov/about/org/ncp/coop/templates.shtm>



## 1.5 PLANNING ASSUMPTIONS

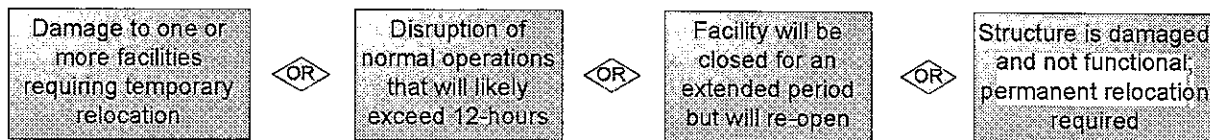
Planning assumptions define the scope of the Plan and will establish the circumstances where adjustments to the Plan may be required to meet the needs of the actual continuity event. Planning Assumptions identified for this Plan are as follows:

- Guidance in this document is geared towards activation due to an event requiring a stoppage in work exceeding or expected to exceed 12 hours affecting one DMH facility up to a Level Three area-wide regional or national event, as defined in the Department Emergency Plan (DEP), affecting multiple city, county, state, and federal jurisdictions for several days, weeks, and perhaps months.
- Communication capabilities are assumed to be somewhat available albeit at a reduced consistency (landlines, cellular, fax, email, radio, television, Internet, reverse 9-1-1, mobile device, etc.).
- DMH Headquarters at 550 S. Vermont Ave., Los Angeles, CA 90020 will remain operational. Closure or an extended evacuation of the DMH Headquarters can impact all DMH facilities as this location provides administrative and logistical support Department wide. Whereas if one or two clinics are closed it does not impact the Department as a whole to the same degree.
- Multiple DMH facilities will be affected, evacuations anticipated to exceed 72 hours, and may lead to closures.
- A catastrophic Annex will be developed separately for the first annual update of the COOP Plan to provide high-level guidance to reconstitute DMH governance.

- **Are we able to communicate – how – what are our redundancies?**
  - Although this situation will probably not disrupt any current modes of communication – you should review how staff is communicating.
    - Staff should cancel the following group activities:
      - Routine meetings; when possible conduct teleconferences
      - Attendance at conferences or workshops
      - Limit or cancel attendance in group settings
    - When impact to essential processes is recognized, notify downstream dependent units, both internally and externally, of expected delays or to request an extension.
    - Implement “universal protections” such as washing hands frequently, wiping down telephone instrument daily – especially if used by multiple people, wipe off door handles and public countertops multiple times daily
- **Identify staffing needs – skills, location, duration**
  - What tasks did the people who are out do?
  - Do they have trained back-up?
  - What locations and tasks need to be covered?
  - How long do you need the back-up staff?
- **What processes need to continue?**
  - What essential support functions does your unit need to continue to perform or provide?
  - Of these essential support functions, how many did the absent staff provide?
  - Reassign trained back-up staff to perform essential processes.
- **What applications are needed to continue these processes?**

Although computer applications and manual workarounds are likely available, the staff that perform these processes are not. What are these dependent processes? Has back-up staff been provided the required authorities (passwords and access) to operate the needed applications?

The decision to activate the COOP Plan will generally occur due to one of the following situations:



Additionally, the above situations could occur with warning, without warning, during daily business hours or after-hours.

### 2.1.2 Activation Levels – Senior Activation Team and Steering Committee

COOP Activation Levels generally sync with the EOB Disaster Levels described in the DEP. Upon activation, each essential unit will re-align their staff to cover essential positions with the remainder of the unit's staff to continue routine tasks or to be re-assigned to another unit (within DMH or LAC) to support that unit's essential function. Activation will be triggered by a disruption of daily operations expected to exceed 12 business hours and will be coordinated with the EOB DSU emergency response.

**Table 2 - COOP Activation Levels**

<b>COOP Activation Level (CAL)</b>			
<b>CAL 1</b>	<b>CAL 2</b>	<b>CAL 3</b>	<b>CAL 4</b>
Alert	Partial Activation	Partial / Full Activation	Full Activation
1. HQ Buildings unaffected	1. HQ Buildings unaffected	1. HQ Buildings functional	1. HQ Buildings closed
2. HQ staff unaffected	2. HQ staff unaffected	2. HQ staff impacted. Less than 25% unable to travel roads, etc.	2. HQ staff must be relocated
3. 1 - 2 DMH facilities impacted by supporting community response.	3. 2-3 DMH facilities evacuated or closed.	3. Multiple sites in more than one SA evacuated or closed.	3. Multiple DMH facilities impacted, evacuated or closed.
4. DSU contacts ASB Chief to brief situation. Event is a Duty Officer coordinated response.	4. EOB Deputy contacts OAD Deputy - event is a Level II or III DMH incident. 1/4 DOC staff.	4. EOB Deputy contacts OAD Deputy - event may be Level I, II, or III DMH incident. ½ DOC staff.	4. EOB Deputy contacts OAD Deputy - event is a Level III DMH incident. Full DOC activation.
5. ASB Chief contacts the COOP Senior Activation Team (SAT) to relay status.	5. OAD Deputy convenes SAT to discuss actions.	5. OAD Deputy, EOB Deputy or BEC activate Continuity Steering Committee (SC).	5. OAD Deputy, EOB Deputy or DOC Director activate COOP Plan.
6. SAT will select the units to put on alert.	6. SAT will determine extent to activate Steering Committee and/or put on alert.	6. COOP Teams activated and initiate continuity checklists.	6. COOP Teams activated. Emergency procedures activated.

### 2.1.3 Activation Criteria

The decision to activate the COOP Plan will generally occur due to one of the following situations:

- Damage to one or more facilities requiring temporary relocation.
- Disruption of normal operations that will likely exceed 12 hours.
- Facility will be closed for an extended period but will reopen.
- Systems and structures are damaged and are no longer functional; permanent relocation is required.

In all situations EOB will support initial emergency response actions coordinated by the facility Building Emergency Response Team (BERT). Depending on the severity of the event, DSU will contact the ASB Chief, or the EOB Deputy will contact the OAD Deputy to discuss the need, current or anticipated, to activate the COOP Plan. Depending whether the event occurs during regular hours or after-hours the response roll-out is as follows.

- Manager/Supervisor
- Approximately three (3) Clinicians to provide the following services:
  - LPS designation
  - Address medication needs – immediately discontinue use of ePrescribing and eLabs software; issue all prescriptions and lab orders using paper forms until further notice. Although clinic computers may be working it is unknown if the intended pharmacy or lab is operational.
  - Conduct phone and/or face-to-face intervention and make appropriate referral. Confirm with DOC or SACP location of open DMH clinics.
  - Begin to collect Disaster Center locations where DMH clinicians are being assigned to refer non-critical requests for DMH services.
- Support employee will: cancel and reschedule case management appointments; answer general inquiries. Connect to IBHIS Downtime Laptop; follow established procedures.
- Security personnel.
- Follow established Building Emergency Plan for safety.

#### 2.1.4.3 All other DMH employee

- Reassign to support Essential Processes
- If unable to communicate with DOC, advise the SACP of availability of surplus employees or need of employees to cover essential processes.

#### 2.1.4.4 DMH Shared Sites

- Follow procedures in Section 2.1.4.1 - Isolate Pre-Identified Essential Processes.
- Follow and/or modify Section 2.1.4.2 – Employees needed, in a clinical setting, to remain until scheduled closing time.
- Follow established Building Emergency Plan of primary agency. Report status to SACP.

#### 2.1.4.5 COOP Activation Checklist

Within each Bureau/Office COOP Plan at the front of the plan is an Immediate (Operational Period 0-2 Hours) Checklist; within the “Tasks” section is another checklist; and within the “Loss of” scenario sections are checklists for loss of technology, building, and critical services.

#### 2.1.4.6 Service Area Command Post

Each DMH directly operated and co-located site must document within their Bureau/Office COOP Plan the following Service Area Command Post information:

- Service Area (#), name of DMH facility, and full address
- Point of contact
- List all modes of communication to connect with this location

### 2.1.6 DMH Site - Safe and Operational – Regular Business Hours

- a. Follow Building Emergency Plan actions to ensure all employees and visitors are safe. Evacuate only as necessary. Account for all employees within DMH designated area.

- c. Confirm an emergency or disaster event has occurred with local authorities or through the DMH Department Operations Center (DOC). If unable to communicate with the DOC, SACP location, DMH HQ, District Chief, or other DMH manager and early news reports support a major regional disaster event then proceed with activating individual Bureau/Office COOP Plans.
- d. Program Head or District Chief must go to location to conduct a Damage Assessment as soon as safe to do so. Include observations regarding road conditions/closures. IF THERE IS VISIBLE DAMAGE FROM THE OUTSIDE, DO NOT ENTER THE BUILDING. CONTACT ASB-FACILITIES OR THE BUILDING EMERGENCY AFTER-HOURS: 213-974-1234. Skip to DMH Site – Not Safe for Daily Operations – Afterhours.
- e. COOP Activation Steps, if building is Safe and Operational, Afterhours:
  - a. Determine whether event impacts only this DMH facility or is a regional event.
  - b. If a regional event, account for all Bureau/Office employees by initiating emergency telephone tree. Ascertain staff availability and if they are:
    - Reporting to primary or alternate location; or if they are
    - Designated in a COOP position, in which case they will be advised where to report.
  - c. Continue to try to communicate with higher level manager for direction. If site has a CWIRS radio and no other modes of communication work, use the radio to contact DMH DOC/Disaster Services Unit. Also try push-to-talk feature on DMH cellular phone.
  - d. If unable to communicate with higher level manager, determine if scheduled appointments for day should be kept or cancelled.
  - e. In a clinical setting, employees needed to open clinic and remain until scheduled closing time, if safe to do so, are:
    - Manager/Supervisor
    - Three (3) Clinicians to provide the following services:
      - LPS designation
      - Address medication needs – immediately discontinue use of ePrescribing or eLabs software and issue all prescriptions and lab orders using paper forms until further notice. Although clinic computers may be working it is unknown if the intended pharmacy or lab is operational; therefore, always switch to paper.
      - Conduct phone and/or face-to-face intervention and make appropriate referral. Confirm with DOC or SACP open DMH clinics.
    - Support employee to cancel and reschedule case management appointments; answer general inquiries. Connect to IBHIS Downtime Laptop; follow established procedures.
    - Security personnel
  - f. In a non-clinical setting, report to primary location. Advise employees if they cannot reach primary location to report to alternate site and to advise unit upon arrival.
  - g. Continue to try to communicate with higher level manager for direction. Contact must be made with DMH DOC and/or SACP. If site has a CWIRS radio and no other modes of communication work, use the radio to contact DMH DOC/Disaster Services Unit. Also try push-to-talk feature on DMH cellular phone.
  - h. If unable to communicate with higher level manager, determine need to operate within Bureau/Office COOP Plan structure the next business day.

## **2.2 ESSENTIAL PERSONNEL AND HUMAN CAPITAL MANAGEMENT**

Essential personnel must be prepared to sustain essential functions remotely or from a relocation site for a period of up to 30 days. Supplies and equipment needed to perform essential functions will be provided, but individuals are responsible for their personal items. However, Go Kits should be maintained for quick deployment with continuity staff.

HRB will ensure policies, plans, and procedures that address workforce management needs are developed and implemented for use during a continuity event, to include: pay, leave, work schedules, benefits, telework, hiring, authorities, flexibilities, etc.

### **2.2.1 Expectations**

All essential function managers should be familiar with the many human capital resources and flexibilities that exist to assist managers and employees in an emergency. Human Capital support and guidance is provided through each Service Area Command Post (SACP) and DMH-HQ Human Resources Bureau.

#### **BEFORE ACTIVATING THE COOP PLAN**

Ensure COOP and non-COOP personnel have a clear understanding of what to do in a COOP situation:

- Schedule meetings with all personnel
- Conduct regular exercises and drills
  - At each associated site
  - Include coordination with:
    - SACP
    - Alternate location sites
- Establish a unit notification system for COOP members and their alternates.
- Develop procedures to account for all employees (office and field) in an emergency.
- Establish a partnership between DMH HRB and Emergency/COOP employees.
- Determine the policies and procedures of human resources flexibilities (staffing, pay, leave, benefits) prior to and after an event.
- Ensure all staff is aware of initiating procedures for employee support services through the County-wide Employee Assistance Program (EAP).
- Maintain up-to-date contact information for all employees.
- Encourage the use of telework and alternate work sites; ensure technical capability. Schedule tele-workforce to work remotely/from home at least one day per month so they are familiar with procedures and remote access remains viable.
- Communicate DMH emergency policies with all employees.
- Prepare for emergencies with training and exercises.
- Maintain specific protocols for supporting individuals with disabilities or access and functional needs – See Building Emergency Plan for each facility. Become aware of staff with dependents at home with access/functional needs who will need to attend to their family members first.

COOP assignments, ensure that the employee:

- Possesses skills to perform the COOP function.
- Can remain calm in an emergency.
- Does not have personal hardships at the time of activation.

- b. Virtual Offices – Location other than primary worksite capable of providing access to vital records and databases to support the essential function and include necessary communication support.
  - Work at home/telework. This capability would be an option for some staff and would need to be pre-arranged; it should allow continuity personnel to fulfill their required business functions while at home or at other off-site location.
  - Telecommuting facilities. These County facilities would accommodate, on a prearranged basis, some continuity personnel, to fulfill their required duties at those locations.
  - Mobile office (under development). The use of mobile kits that can include continuity of operations equipment such as laptop computers, cell phones, and satellite communications equipment, which can be readily transported to a remote location.
- c. Memorandum of Agreement (MOA) for co-location with another DMH unit or county facility. The unit that is relocating could occupy available space in the receiving unit/department's primary facility, training facilities, field offices, or other available space.
  - The Space Planning Division would ensure current and future DMH lease agreements would include the flexibility for alternate DMH units to occupy leased space for a limited timeframe due to a continuity event.
  - The Space Planning Division would coordinate with LAC CEO Real Estate in advance to develop a strategy whereby CEO Real Estate would establish and maintain an MOA with other LAC departments for use as a Telecommuting Facility.

To ensure the department is able to achieve full operational capability within 12 hours of notification to relocate, a Relocation Team has been established. The Relocation Team is comprised of (1) Space Planning Division, (2) Facilities Management Division, (3) General Support Services, (4) DMH Security Services, and (5) CIOB. This team will take into consideration the following when identifying and preparing continuity facilities.

- a. Space. There are nearly 200 locations with staff numbers ranging from 1 to 1,000. The relocation strategy for DMH must be flexible. The vast majority of primary locations are for program staff and nearly 65% are co-located with another LAC department. The co-located programs are considered an integral partner and will likely be included in the other department's relocation plan – this will be confirmed during preparedness and at the time of the event. Also, many program staff will be reassigned to disaster field locations to provide outreach thereby meeting their need for a relocation site – the number of staff requiring relocation will be confirmed through the DOC. Additionally, the DEP requires all staff to pre-identify a DMH clinic-near their home to report to. However, there are still locations of high concern, they are:
  - DMH Headquarters (550 S. Vermont) with 971 staff
  - DMH Headquarters – Annex I (695 S. Vermont) with 202 staff (CIOB)
  - Service Area 4 (Antelope Valley) with four locations – California Emergency Management Agency (Cal EMA) earthquake scenario indicates the roads to access SA4 will be severely damaged to include all utility lines, which will limit access in and out of the area.

conditions, and restrictions, that an individual is deemed by DMH as qualified to perform. The Delegation of Authority for the executive management level is described below in the table, Delegation of Authority and Orders of Succession. The delegation of authority for each essential program is provided in each Bureau/Office COOP Plan. The guidelines and conditions apply to the Base Plan and to all Bureau/Office COOP Plans.

Conditions that will be considered standard for each designated successor, at all levels, are as follows:

**Initiating Conditions:** Official cannot be reached through the modes listed in Bureau/Office – Contact Roster for 60 consecutive minutes.

**Notification Methods:** Face-to-face, Office, cellular, home, text, website, email-work, email-personal, runner.

**Terminating Conditions:** (1) Primary official is able to resume continuity role, (2) authority has been officially transferred to a newly identified primary official, or (3) event has been terminated and normal working conditions resumed.

Line of Succession and Delegation of Authority – DMH Executive Management Level			
Official (Title)	Designated Successor (Title)	Delegated Authority	Limitations
Director	1. Chief Deputy Director	Oversees the total program of mental health services.	No Limitations
	2. Medical Director		No Limitations
Chief Deputy Director	1. Director	Oversight of Department's Daily Operations. Designee of Chief Deputy Director.	No Limitations
	2. Medical Director		No Limitations
Office of the Medical Director	1. Director	Oversees the professional standards and quality of services provided.	No Limitations
	1 Chief Deputy Director		No Limitations
	2 Medical Services Unit and Program/Admin Managers		MSU limited to medical related issues. Program/Admin limited to OMD's program /admin issues.

## 2.6 CONTINUITY COMMUNICATIONS

The process to coordinate the availability and redundancy of critical communications systems to support connectivity to internal and external departments, consumers, and the public is primarily under the purview of DSU and CIOB. However, ASB, specifically Telecommunications, serves as the primary DMH liaison with ISD for the coordination of landline telephone service. Additional Continuity communication requests will be coordinated with DSU, CIOB, and ASB-Telecommunications. Details regarding redundant communications are contained with the DEP. Continuity communication resources and procedures will be referenced within each COOP Plan for EOB, OAD for ASB/Telecommunications, and CIOB.



and/or leadership authorities away from the primary facility to a location that offers a safe and secure environment in which essential functions can continue to be performed by a separate staff at a separate location outside DMH and optimally outside of LAC. The devolution option may be used when the ACCESS Center's primary and alternate facility and staff is not available.

## **2.9 RECONSTITUTION**

Reconstitution is the process by which the department's personnel will resume normal operations. This will occur at either the original primary or a replacement primary operating facility. With a department the size of DMH, as a result of a major disaster event, it is likely reconstitution will occur at more than one facility and perhaps at different time intervals.

### **Steering Committee Responsibilities**

- Provide an executable framework for recovering from the effects of an emergency and transitioning back to efficient normal operational status from continuity operations status once a threat or disruption has passed.
- Coordinate and preplan options for the organization's reconstitution regardless of the level of disruption that originally prompted the organization to implement its continuity plan.
- Developed a plan or procedures to identify any records affected by the incident.
- Developed a plan or procedures to conduct an after-action review of the effectiveness of the continuity plans and procedures.
- Developed a plan or procedures to identify areas for improvement from the after-action review.
- Developed a plan or procedures to document findings in the organization's CAP.
- Developed a plan for remedial action as soon as possible after the reconstitution.

### **HRB**

- Include redeployment plans for phasing down alternate facility operations and returning operations, personnel, records, and equipment to the primary or other operating facility, when appropriate.
- Coordinate with Steering Committee and DOC to develop a plan and procedures to inform all staff that the actual emergency or threat of an emergency no longer exists.

### **Relocation Team**

- Ensure smooth transition during moving operations from the relocation sites to a new facility.
- Developed a plan or procedures to instruct personnel on how to resume normal operations.
- Developed a plan or procedures to supervise a return to the normal operating facility or a move to another temporary or permanent primary operating facility.
- Developed a plan or procedures to verify that all systems, communications, and other required capabilities are available and operational and that the organization is fully capable of accomplishing all Essential Functions and operations at the new or restored facility.

DMH Mission Essential Functions	DMH Recovery Time	OEM Recovery Time
Adult Justice (MHU-CTC, JMET, IRC, Men's & Women's Programs), and Juvenile Justice (In-Patient Services).		
<b>Coordinate Situational Intervention.</b> Provide mental health intervention services to persons not considered dangerous to themselves or others; may include: (1) MH services to general disaster victims (2) DMH services requested by the LA County Emergency Operations Center (CEOC) at shelter sites, Disaster Application Centers, and other disaster-related locations. The CEOC requests will be met with DMH clinic and program staff; therefore, clinicians assigned to disaster-related locations will be available to receive referrals of persons not considered dangerous to themselves or others from DMH clinical program sites.	4 to 24 hours	Up to 1 day
<b>Maintain General Mental Health Services.</b> DMH on-going programs will reassign available clinicians to support DMH services requested by CEOC at shelter sites, Disaster Application Centers, other identified disaster-related locations, and, if qualified or volunteering, to augment the field response teams and/or at in-patient locations. With minimal staff at clinic locations the priority of the remaining staff will be to maintain medication services, reschedule case management appointments, and monitor status of at-risk consumers. The programs impacted are: Contracted* and non-crisis Out-patient mental health services provided in County-operated clinics; Field & Outreach services; Mental Health Court Programs [Adult & Juvenile]; Juvenile Justice; Managed Care, DMH/DHS Collaboration, CIOB Solutions Development Section, Managed Care Division, Tele-Mental Health, Pharmacy Services, Adult Justice, Children's Systems of Care, Service Areas 4 – 2 – 1 – 5 – 6, Older Adult System of Care – Countywide, and Transition Age Youth. * Contracted clinicians do not fulfill CEOC requests or augment the field response teams.	1-3 days	Up to 3 days
<b>Ensure Legally Mandated Commitments.</b> (1) Participate in legally mandated proceedings to meet urgent statutory deadlines, such as judicial and administrative hearings (2) Public Guardian conservatorship services provided primarily to LPS Conservatees; probate (3) Institute for Mental Disease (IMD/MIO) Services provided to Mentally Ill Offenders (MIO) and others who must be placed in a locked facility. Additional programs impacted are: Patients' Rights, Chief Deputy Director – Legally Mandated, CIOB – Mandated Reporting – Information Security, Service Areas 2 - 1- 5 / Foster Care, Service Area 6 – Specialized Foster Care, and Juvenile Justice Programs.	1 to 24 hours	Up to 1 day
<b>Conduct Centralized Administration.</b> Operational-Logistical units to include Procurement, Facilities, Accounting, HRB-Account for DMH staff-Workforce Deployment, and CIOB; Countywide Resource Management (EOB); Compliance Program; Central Billing Office; Managed Care Division; Clinical Risk	1 to 24 hours	Up to 1 day

- Critical Equipment, Telecommunication, Supply, and Workstation Requirements

DMH has instituted the following milestones to support on-going COOP Program accomplishments.

- Ensure continuity plan, procedures, and formal updates are approved at the appropriate DMH and LAC management levels.
- Establish internal plans and procedures for executing activation and implementation of the key elements of continuity planning: Essential Functions; Orders of Succession; Delegations of Authority; Alternate Facilities; Interoperable Communications; Vital Records; Human Capital (Workforce Deployment and Management); Tests, Training, and Exercises (TT&E); Devolution; and Reconstitution.
- Establish and maintain point-of-contact (Bureau/Office Deputy Director's Analyst) to coordinate annex updates and training.
- Provide guidance to all staff in developing Family Support Plans which will increase personal and family preparedness throughout DMH and support employee availability during a continuity event to acquire operational capability at the continuity sites(s) within 12 hours of plan activation.
- Include a decision matrix for continuity plan activation and procedure implementation for events with and without warning as well as during duty hours and non-duty hours.
- Develop procedures for notifying other point-of-contacts, adjacent organizations, customers, stakeholders, and interdependent agencies of continuity plan activation, status, and needed actions before, during, and after a continuity event. Identify what Go Kits should contain and how to maintain them.
- Develop guidance tools for: reception in-processing; accounting for continuity personnel; transition of responsibilities from the primary operating facility to the deployed continuity personnel at the alternate facility; and identification of cross-trained staff and replacement personnel, as necessary.
- Include provisions and procedures for assisting all DMH staff, especially those who are disaster victims, to obtain all available assistance and support following a presidentially declared disaster.

Additionally, COOP Teams will be formalized and trained as they are an integral component of the COOP Program. Currently there are four distinct teams identified that will support implementation of the DMH COOP Program; they are as follows:

- a. Senior Activation Team, comprised of the following DMH units:
  - Emergency Outreach Bureau Deputy Director, Irma Castaneda
  - Office of the Administrative Deputy, Administrative Deputy, Margo Morales
  - Chief Information Office Bureau, Chief Information Officer, Bob Greenless
  - Human Resources Bureau Manager, Susan Moser
  - Administrative Support Bureau, Chief, Karen Fullner
  - Program Support Bureau, Deputy Director, Dennis Murata
- b. Steering Committee, comprised of the following units (including the Senior Activation Team):
  - Administrative Support Bureau, to include ASB Risk Management

## **5 TEST, TRAINING, AND EXERCISE PROGRAM**

The DMH COOP Test, Training and Exercise (TT&E) Program will identify, train, and prepare COOP personnel to be capable of performing their continuity responsibilities and implementing procedures to support the continuation of the DMH Essential Functions. Training provides the skills and familiarizes personnel with procedures and tasks. Tests and exercises serve to assess and validate all the components of continuity plans, policies, procedures, systems, and facilities. Before the first annual review of the DMH COOP Plan, the Continuity Unit will strive to establish a TT&E foundation by meeting the following goals:

- Develop and implement a structure to support a Corrective Action Program (CAP) to be managed by the COOP Coordinator, to assist Bureau/Offices to document and prioritize continuity issues identified during TT&E activities, assessments, and emergency operations.
- Schedule annual training on the roles and responsibilities for personnel who are assigned to activate, support, and sustain continuity operations.
- Conduct annual testing of alert, notification, and activation procedures for all continuity personnel.

## **6 MULTI-YEAR STRATEGY PROGRAM MANAGEMENT PLAN AND BUDGET**

A comprehensive continuity program is often the result of layer after layer of development over time. Initially, DMH will focus on establishing a baseline of capability for each identified essential program. Then document where gaps exist in their preparedness and develop a plan/strategy for addressing those gaps. This will be captured in a Multi-Year Strategy Program Management Plan (MYSPMP), which will be attached to the Base COOP Plan as an annex. The MYSPMP will be initiated after the first Tabletop Exercise and reviewed at the inaugural DMH COOP Plan annual update.

The MYSPMP will address short and long term continuity objectives, timelines, budgetary requirements, planning and preparedness considerations, planning milestones, and tracking systems to monitor accomplishments. It will work hand-in-hand with the Corrective Action Program (CAP) and will include a prioritized list of vulnerabilities that have been identified through the DMH Risk Assessment.